

## HEALTH PLAN COMPARISON

Employees in the following employee groups who are enrolled in either Kaiser Permanente or Blue Shield HMO will have different co-pays for certain visits and for prescriptions: Association of Building, Mechanical & Electrical Inspectors (ABMEI); Association of Engineers and Architects (AEA); Association of Maintenance Supervisory Personnel (AMSP); International Association of Firefighters (IAFF); Executive Management (Unit 99) and Unrepresented Employees. Differences are underlined, and are noted in this comparison as **\*ABMEI/AEA/AMSP/IAFF/99\***

SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
QUESTIONS ABOUT PLAN DESIGN AND PROVIDER NETWORKS	<b>1-800-464-4000</b> Group # 887 <a href="http://my.kp.org/ca/csjeemployees/">http://my.kp.org/ca/csjeemployees/</a>	<b>1-800-872-3941</b> Group # H11186 <b>*ABMEI/AEA/AMSP/IAFF/99*:</b> Group #H11756 <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>	<b>1-800-872-3941</b> Group # MH0161 <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>	<b>1-800-872-3941</b> Group # 975567 <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
GENERAL	<p>Kaiser Permanente is a prepaid group practice health maintenance organization, which provides direct services through Kaiser Permanente Foundation hospitals, medical offices and physicians ONLY. Kaiser Permanente members are encouraged to choose a personal physician from the staff for themselves and for each eligible family member.</p>	<p>Blue Shield HMO is a health maintenance organization that contracts with medical groups and facilities to provide medical services to its members. Blue Shield members must choose a Primary Care Physician (PCP) from Blue Shield's network of physicians. Members must obtain a referral from their PCP for specialty services. Members also have the option of referring themselves to a specialist within their PCP's medical group with \$30 co-pay (Access+ Specialist).</p> <p>A complete listing of available Blue Shield PCPs is available on Blue Shield's website:  <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>.</p>	<p>Blue Shield POS is a 3-tiered point-of-service health care plan. Each Blue Shield member must select a Primary Care Physician (PCP) from the Blue Shield HMO network. Coverage Tiers include:</p> <p><b>Tier 1:</b> Maximum coverage at minimum cost. All services are coordinated through the member's PCP (in the Blue Shield HMO network). For covered services, members will only be responsible for the Tier 1 co-payments. Preventive services must be accessed through this tier.</p> <p><b>Tier 2:</b> Provides medically necessary services at discounted rates from designated preferred providers. Services must be provided through the Blue Shield PPO network. Members are responsible for the deductibles and co-payments for Tier 2 covered services. Preventive services are not covered under this tier.</p> <p><b>Tier 3:</b> Allows the freedom to choose any physician or hospital (outside the Blue Shield HMO and PPO networks). Members are responsible for the Tier 3 deductibles and co-payments for covered services (may be significantly higher than those realized under Tiers 1 and 2). Preventive services are not covered under this tier.</p> <p>Medically necessary covered services may be obtained in Tier 2 &amp; Tier 3 without a referral from the PCP. Blue Shield pre-authorization is required for some specialists as described below. Some services are covered only under Tier 1.</p>	<p>Blue Shield PPO is a 2-tiered Preferred/Non-Preferred Provider health care plan. Members may select a provider from the Preferred Provider list (Preferred), or may use a provider that is not on the list (Non-Preferred).</p> <p><b>Preferred Provider Network:</b> Provides medically necessary services at discounted rates from designated Preferred Providers. Services must be provided through the Blue Shield PPO network. Members are responsible for the deductibles and co-payments for covered services. Preventive services must be accessed through the PPO network.</p> <p><b>Non-Preferred Provider Option:</b> Allows the freedom to choose any physician or hospital outside the PPO network. Members are responsible for the Non-Preferred deductibles and co-payments for covered services. These may be significantly higher than those realized within the PPO network. Preventive services provided outside the PPO network are not covered.</p> <p>Medically necessary covered services may be obtained from within the PPO network and under the non-preferred option without a referral from the PCP. Blue Shield pre-authorization is required for some specialist services.</p>

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SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
WHO IS ELIGIBLE?	<p>Employees who live or work* in the Kaiser Permanente Service Area, and eligible dependents. Retirees (who are not Medicare-eligible) who reside in the Kaiser Permanente Service Area, and eligible dependents. Retirees who are eligible for Medicare must enroll in Kaiser Permanente Senior Advantage program.</p> <p>*The following services are limited for employees who live outside of Kaiser Permanente's Service Area: Home Health Care Service, Skilled Nursing Facility services, Hospice care, Durable Medical Equipment, and Hearing Aids.</p>	Employees who live or work in the Blue Shield Service Area, and eligible dependents. Retirees (under age 65) who reside in the Blue Shield HMO Service Area, and eligible dependents.	Employees who live or work in the Blue Shield Service Area, and eligible dependents. Retirees (under age 65) who reside in the Blue Shield HMO Service Area, and eligible dependents. If you live outside of the Blue Shield HMO Service Area, you may only be eligible for the PPO option.	Employees and retirees under age 65 and eligible dependents.
ANNUAL DEDUCTIBLE	None	None	<p>\$100 per eligible person for covered medical services outside the Blue Shield HMO network (i.e., medical services accessed under Tier 2 or Tier 3). Limited to 2 deductibles per family.</p> <p>No deductible is required for Tier 1 services, and deductibles may be waived in Tiers 2 and 3 for services that require a \$10 co-pay.</p>	\$100 per eligible person for covered medical services. Limited to 2 deductibles per family. Deductibles may be waived in for services that require a \$10 co-pay.
LIFETIME MAXIMUM	None	None	\$2,000,000	\$6,000,000
CALENDAR YEAR COPAYMENT MAXIMUM	\$1,500 per individual \$3,000 per family	\$1,000 per individual \$2,000 per family	<p>Tier 1 &amp; 2: \$1,500 per individual \$3,000 per family</p> <p>Tier 3: \$4,500 per individual \$9,000 per family</p>	\$2,000 per individual \$4,000 per family

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SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
PHYSICIAN VISITS: • OFFICE	<u>No charge; no limit</u> * <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay per visit</u>	<u>\$5 co-pay per visit</u> * <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay per visit</u>	Member pays \$5 co-pay in Tier 1; and \$10 co-pay in Tier 2. Plan pays 70% of Blue Shield's allowable amount in Tier 3.	Member pays \$10 co-pay per visit to Preferred providers; 30% co-pay per visit to Non-Preferred providers. There may be additional charges if physician charges above Blue Shield's allowable amount.
• IN HOSPITAL	No charge	No charge	Preventive services are not covered in Tiers 2 and 3.	Preventive services are not covered for Non-Preferred providers.
HOSPITAL ROOM & EXTRAS	No charge. Special care units when determined medically necessary by physician.	No charge when prior authorized by Blue Shield.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. All hospital services outside Tier 1 require pre-authorization by Blue Shield. Failure to obtain pre-authorization may result in an additional \$250 deductible.	Plan pays 90% of Blue Shield's allowable amount for Preferred providers; or 70% of allowable amount if non-emergency at a Non-Preferred hospital. Failure to obtain pre-authorization may result in an additional \$250 deductible.
SURGEONS, ASSISTANTS, ANESTHETISTS	No charge.	No charge for inpatient and outpatient surgical services, including anesthesia. Referrals are required.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. All surgical procedures outside Tier 1 require pre-authorization by Blue Shield.	Plan pays 90% of Blue Shield's allowable amount for Preferred providers; or 70% of allowable amount for Non-Preferred providers. Surgical procedures from non-preferred physicians or facilities must be pre-authorized by Blue Shield.
EMERGENCY ROOM	Emergency services covered worldwide with <u>no co-pay</u> . * <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$50 co-pay</u> .  Co-pay is waived if admitted directly to the hospital as an inpatient.  Emergency room visits must be coordinated through Kaiser Permanente if not at a Kaiser Permanente facility as soon as reasonably possible.	Emergency services covered worldwide with a \$50 co-pay.  Co-pay is waived if admitted directly to the hospital as an inpatient.	Emergency services covered worldwide with a \$35 co-pay under Tier 1 and a \$50 co-pay under Tiers 2 & 3. Co-pays are waived if admitted directly to the hospital as an inpatient.  If Tier 1 HMO procedures are not followed, and/or services are not considered to be true emergency services (but are medically necessary), the coverage level will be determined under either Tier 2 (90% coverage) or Tier 3 (70% of the Blue Shield's allowable amount) based on the point of service and subject to the applicable deductibles and co-payments.	Emergency services covered worldwide with a \$50 deductible. Co-pays are waived if admitted directly to a hospital as an inpatient.
AMBULANCE	No charge when authorized by Kaiser Permanente.	\$50 Co-pay.	Plan pays 100% in Tier 1; 90% of billed charges in Tier 2 or Tier 3.	Plan pays 90% of billed charges.

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SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
WOMEN'S HEALTH AND MATERNITY	Complete care with <u>no charge</u> (* <b>ABMEI/AEA/AMSP/IAFF/99</b> *: <u>\$10 co-pay</u> ) to member for office visits and no charge to member for physician and hospital services.	<u>\$5 co-pay</u> (* <b>ABMEI/AEA/AMSP/IAFF/99</b> *: <u>\$10 co-pay</u> ) for OB/GYN visits and exams. Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams.  For the first month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.	Complete care, including exams, tests and other procedures, provided for a \$5 co-pay in Tier 1 and a \$10 co-pay in Tier 2. Blue Shield pays 70% of their allowable amount in Tier 3.  In-hospital maternity care: Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3.  Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams.  For the first month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.	\$10 co-pay for Ob/Gyn visits and exams when accessed through a Preferred provider.  Plan pays 70% of Blue Shield's allowable amount if services are accessed through non-Preferred providers. Routine exams, Preventive Care and Family Planning services are not covered through non-Preferred providers.  <u>In-Hospital Maternity</u> : Plan pays 90% for Preferred providers; and 70% of allowable amounts for non-Preferred providers.
OUTPATIENT X-RAY AND LABORATORY	No charge; no limit to number of visits with physician referral.	No charge.	Plan pays 100% in Tier 1; member pays \$10 co-pay in Tier 2; plan pays 70% of Blue Shield's allowable amount in Tier 3.	Plan pays 90% of Blue Shield's allowable amount for Preferred providers; 70% of Blue Shield's allowable amount for Non-Preferred providers.
PRESCRIPTIONS	<u>\$5 charge per prescription for generic or brand name drugs</u> (* <b>ABMEI/AEA/AMSP/IAFF/99</b> *: <u>\$5 co-pay for generic/\$10 co-pay for brand name drugs</u> ) as prescribed (up to 100 day supply) at Kaiser Permanente pharmacy (subject to formulary).  Mail order for the same co-pay amounts is available.	\$5 co-pay for generic/\$10 co-pay for brand name/\$15 co-pay for non-formulary drugs or supplies at Blue Shield participating pharmacies.  Mail order available (90-day supply): \$10 co-pay for generic/\$20 co-pay for brand name/\$30 co-pay for non-formulary. Contact Express Scripts @1-800-544-6962 for more information.	\$5 co-pay for generic/\$10 co-pay for brand name at Blue Shield participating pharmacies (subject to formulary).  Mail order available (90-day supply): \$10 co-pay for generic and \$20 co-pay for brand name drugs (subject to formulary). Contact Express Scripts @1-800-544-6962 for more information.	\$5 co-pay for generic / \$10 co-pay for brand name drugs (subject to Blue Shield's formulary); \$25 co-pay for non-formulary drugs.  Mail order available (90-day supply): \$10 co-pay for generic and \$20 co-pay for brand name drugs (subject to formulary); \$50 co-pay for non-formulary drugs. Contact Express Scripts @1-800-544-6962 for more information.
ROUTINE PHYSICAL EXAMS  (According to schedule)	<u>No charge.</u> * <b>ABMEI/AEA/AMSP/IAFF/99</b> *: <u>\$10 co-pay per visit.</u>	No charge.	Tier 1: No charge for office visit. \$5 co-pay for immunizations Tier 2: Only immunizations are covered with a \$10 co-pay. Tier 3: Only immunizations are covered at 70% of Blue Shield's allowable amount.	\$10 co-pay per office visit to Preferred providers. Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services.  Routine physical exams are not covered for Non-Preferred providers.

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SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
WELL BABY CARE AND IMMUNIZATIONS	No charge. * <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay per visit.</u>	No charge.	Tier 1: No charge for office visit. \$5 co-pay for immunizations Tier 2: Only immunizations are covered with a \$10 co-pay. Tier 3: Only immunizations are covered at 70% of Blue Shield's allowable amount.	\$10 co-pay per office visit to Preferred providers. Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services.  Plan pays 70% of allowable amount for non-preferred provider services.
ALLERGY TESTS AND TREATMENT	<u>No charge</u> (* <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay</u> ) per office visit; no limit to number of visits.	<u>\$5 co-pay</u> (* <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay</u> ) per office visit.  <u>\$5 co-pay</u> (* <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay</u> ) for allergy serum.	\$5 co-pay for office visit & \$5 for serum in Tier 1; \$10 co-pay for office visit & \$10 co-pay for serum in Tier 2; and 30% of Blue Shield's allowable amount for the office visit and serum in Tier 3.	\$10 co-pay per office visit to Preferred providers; plan pays 70% of Blue Shield's allowable amount for non-Preferred provider services.
ALCOHOLISM/ DRUG ADDICTION	<u>Inpatient</u> : No charge for detoxification in Kaiser-approved facility only.  <u>Transitional Residential Recovery Services (TRRS)</u> : \$100 day per admission for up to 60 days per calendar year, not to exceed 120 days in any 5 consecutive years at an approved facility.  <u>Outpatient</u> : <u>No charge</u> (* <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay</u> ) per visit; no limit to visits.	<u>Inpatient</u> : No charge for inpatient services for medical acute detoxification. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield HMO providers.  <u>Outpatient</u> : \$25 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).	<u>Inpatient</u> : Detoxification only. Plan pays 100% in Tier 1; and 70% of Blue Shield's allowable amount in Tiers 2 and 3 (subject to pre-authorization).  <u>Outpatient</u> : \$25 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).	<u>Inpatient</u> : Detoxification only. Plan pays 90% for Preferred Providers; and 70% of Blue Shield's allowable amount for Non-Preferred providers (subject to pre-authorization).  <u>Outpatient</u> : \$25 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).
MENTAL HEALTH SERVICES/ PSYCHO THERAPY	<u>Inpatient</u> : Up to 45 days per calendar year at no charge.  <u>Outpatient</u> : Up to 20 visits per calendar year. <u>\$0 per individual therapy visit. \$2 co-pay per group therapy visit.</u>  * <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay per individual therapy visit. \$5 co-pay per group therapy visit.</u>  Additional visits at non-member rates are available. No office visit limits for mental health treatment covered under the Mental Health Treatment Parity Law (AB88).	<u>Inpatient</u> : No charge. Services are accessed through Mental Health Services Administrator's (MHSA's) facilities.  <u>Outpatient</u> : \$5 co-pay per visit for severe mental health conditions; \$25 per visit for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chem. dependency visits).	<u>Inpatient</u> : Standard hospital and physician benefits (see above). All stays are subject to advance review.  <u>Outpatient</u> : Crisis intervention only. \$35 co-pay for up to 20 visits per year in Tier 1. Member pays 30% of Blue Shield's allowable amount in Tiers 2 and 3.	<u>Inpatient</u> : Plan pays 90% for services rendered by Mental Health Services Administrator's (MHSA's) facilities; 70% of allowable amount if services are accessed through non-MHSA facilities (Blue Shield payment not to exceed \$420/person/day).  <u>Outpatient</u> : For Severe Mental Illness or Serious Emotional Disturbance of a Child, \$10 co-pay in Tier 2, 30% of Blue Shield's allowable amount in Tier 3.  \$25 per visit for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chem. dependency visits). Non-Preferred provider visits are not covered.

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SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY	Short term physical therapy for acute conditions only, at no charge.  * <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay per visit.</u>	<u>Inpatient</u> : No charge. Limited to 100 days during any calendar year.  <u>Outpatient</u> : <u>\$5 co-pay</u> (* <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 co-pay</u> ) per visit.	<u>Inpatient</u> : Plan pays 100% in Tier 1; 90% of negotiated amount in Tier 2; or 70% of billed charges in Tier 3.  <u>Outpatient</u> : Member pays \$5 co-pay in Tier 1; \$10 co-pay in Tier 2; or 30% of Blue Shield's allowable amount in Tier 3. Limit of 60 consecutive days from 1 <sup>st</sup> treatment per condition in Tiers 2 and 3.	Plan pays 90% for Preferred; and 70% of Blue Shield's allowable amount for Non-Preferred provider services.  Additional benefits may be authorized upon medical review of the treatment plan.
CHIROPRACTIC/ ACCUPUNCTURE	Not covered.	\$10 co-pay per visit when accessed through American Specialty Health Plans' (ASHP's) network (Benefit Max: 30 combined visits per calendar year; \$50 appliance benefit max per calendar year).	Chiropractic services available through a participating provider only. \$5 co-pay per visit, to a maximum of 30 visits per calendar year. PCP referral is not required. (Appliances are covered up to \$50 per member per calendar year).	<u>Chiropractic</u> : Plan pays 90% for Preferred; 70% of the allowable amount for Non-Preferred. (Benefit Max: 20 visits per calendar year each)  <u>Acupuncture</u> : \$25 co-pay per visit, to a maximum of 20 visits per calendar year for treatment by M.D. or certified acupuncturist.
DURABLE MEDICAL EQUIPMENT	Covered 100% according to formulary guideline.  Employees who live outside of Kaiser Permanente's Service Area may pick up items such as canes, crutches, and diabetic supplies within the Service Area. Most DME items must be delivered and maintained within the Service Area. This may be at a friend or family member's home within the Service Area, but the item must remain within the Service Area.	Covered at 100% of allowed charges.	Plan pays 100% in Tier 1 with no max; 90% in Tier 2 up to a maximum of \$2,000 per calendar year; and 70% of Blue Shield's allowable amount in Tier 3, up to a maximum of \$2,000 per calendar year.	90% of the Blue shield allowable amount for Preferred; 70% of the allowable amount for Non-Preferred. In either case, benefit maximum is \$2,000 per calendar year.
PROSTHETICS/ ORTHOTICS	Covered under Durable Medical Equipment.	<u>\$5 office visit co-pay.</u> * <b>ABMEI/AEA/AMSP/IAFF/99*</b> : <u>\$10 office visit co-pay.</u>	Plan pays 100% in Tier 1 with a \$5 office visit co-pay; 90% in Tier 2 with a \$10 office visit co-pay; and 70% of Blue Shield's allowable amount in Tier 3.	90% of the Blue Shield's allowable amount for Preferred with a \$10 office visit co-pay; 70% of the allowable amount for Non-Preferred.
HEARING AIDS	Covered up to \$500 per device every 36 months when medically necessary.  Employees who live outside of Kaiser Permanente's Service Area may obtain Hearing Aids from a contracted vendor inside the Service Area.	Covered up to \$1,000 every 36 months when medically necessary.	Covered up to \$1,000 every 36 months when medically necessary.	Not covered.

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SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
CONTINUING CARE	<p><u>Home Health:</u> No charge (*ABMEI/AEA/AMSP/IAFF/99*: \$10 co-pay per visit) when prescribed by a Kaiser Permanente physician. Employees living outside Kaiser Permanente's Service Area may receive services at a friend or family member's home within the Service Area.</p> <p><u>Skilled Nursing Facility:</u> No charge, up to 100 days per calendar year. Employees living outside Kaiser Permanente's Service Area may receive services from a contracted vendor inside the Service Area.</p> <p><u>Hospice:</u> No charge when selected as an alternative to traditional in-hospital services. Employees living outside Kaiser Permanente's Service Area may receive services at a contracted vendor inside the Service Area.</p> <p>All continuing care coverage requires prior authorization.</p>	<p><u>Home Health:</u> \$5 co-pay (*ABMEI/AEA/AMSP/IAFF/99*: \$10 co-pay) per visit (up to 100 visits per calendar year).</p> <p><u>Skilled Nursing Facility:</u> No charge (up to 100 days per calendar year).</p> <p><u>Hospice:</u> No charge. Subject to pre-authorization.</p>	<p><u>Home Health:</u> \$5 co-pay coverage in Tier 1; member pays \$10 co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. A combined Hospice and Home Health care maximum of 100 visits per year applies to all tiers.</p> <p><u>Skilled Nursing Facility:</u> 100% coverage in Tier 1; member pays 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. A combined maximum of 100 consecutive days from first treatment per disability applies to all tiers.</p> <p><u>Hospice:</u> 100% coverage in Tier 1; member pays 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. A combined Hospice and Home Health care max of 100 visits per year applies to all tiers.</p>	<p><u>Home Health/Hospice*/Infusion Care:</u> Plan pays 90% when services are pre-authorized. A combined Hospice and Home Health care maximum of 100 visits per year applies to Preferred and Non-Preferred providers.</p> <p><u>Skilled Nursing Facility:</u> Plan pays 90% when services are pre-authorized. A combined maximum of 100 consecutive days from first treatment applies.</p> <p>* Hospice Providers are paid at 90% of the lesser of billed charges or the amount that Blue Shield determines was charged by the majority of providers of like covered services and supplies at the time and in the area where the services or supplies were provided.</p>
TOOLS FOR HEALTHY LIVING	<p>Programs and information available on-line for total health assessment, weight management and physical fitness, stress reduction, good nutrition and smoking cessation.</p> <p><a href="http://www.kp.org/healthylifestyles">www.kp.org/healthylifestyles</a></p>	<p>Programs and information available on-line for disease prevention, healthy weight maintenance, nutrition and exercise, sexual health and workplace health. Condition-focused programs include prenatal education, asthma management, diabetes, coronary artery disease and heart failure.</p> <p>Blue Shield Plan members may participate in Healthy Lifestyle Rewards. This is an interactive on-line program which provides health and fitness tools and gives cash rewards for participation.</p> <p><a href="http://www.blueshieldca.com/hw/">www.blueshieldca.com/hw/</a></p>		
OUT-OF-AREA COVERAGE	<p>Full coverage for emergency services required before member's medical condition permits travel or transfer to nearest Kaiser Permanente facility for care.</p>	<p>\$50 co-pay for urgent care facility visits when outside of Blue Shield's HMO service area.</p> <p>Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.</p>	<p>Covers non-preventive care received anywhere in the world under out-of-network (Tier 3) provisions. Pays 100% for essential emergency treatment, after \$35 co-pay, if Tier 1 procedures are followed. Plan pays 90% in Tier 2, 70% of allowable amount in Tier 3.</p>	<p>Blue Shield will pay 90% if the member accesses health care through Blue Shield's nation-wide PPO network (Preferred providers). Otherwise, Blue Shield will pay 70% of their allowable amount for services accessed through a non-participating physician or facility. Eligibility must be verified prior to payment.</p>

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SERVICE	Kaiser Permanente	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
COORDINATION OF BENEFITS	Contact Kaiser Permanente for details.	Yes.	Yes.	Yes.
ELIGIBLE FAMILY MEMBERS	<b>For all plans:</b> <ul style="list-style-type: none"> <li>• Spouse.</li> <li>• Domestic Partner.</li> <li>• Unmarried children under age 19, or to age 24 if FULL-TIME student (please see Full-Time Student Verification Policy) and qualified as dependent under IRS Codes. Proof of student status must be provided to Human Resources before the end of Open Enrollment each year beginning the year of the dependent's 19<sup>th</sup> birthday.</li> <li>• Unmarried children incapable of self-sustaining employment because of mental or physical disability who were enrolled at the time they became disabled; or at age 19 if disability occurred prior to age 19. Kaiser and Blue Shield require certification of disability for coverage. Ongoing certification is required.</li> </ul>			
MEDICARE FOR RETIREES OVER 65	<b>For all plans:</b> Enrollment in Medicare (Parts A and B) is required for everyone who is eligible. Additional Medicare Risk and Medicare Supplement plans are available. Contact the City Retirement Services Department for details: 1-408-392-6700.			
CONTINUATION OF BENEFITS	<b>For all plans:</b> Medical coverage may continue under COBRA if certain requirements are met by paying the entire premium each month, plus an administration fee. Must apply within 60 days of loss of coverage.			

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